

CAED 435 (Rev. 10/2023)				United States District Court, Eastern District of California				Case 2:24-cv-02527-JAM-CKD Document 95 Filed 08/06/25 Page 1 of 1				FOR COURT USE ONLY			
TRANSCRIPT ORDER										DUE DATE:					
PLEASE Read Instruction Page (attached):															
1. YOUR NAME Kristin Liska			2. EMAIL Kristin.Liska@doj.ca.gov			3. PHONE NUMBER (415) 510-3916			4. DATE August 6, 2025						
5. MAILING ADDRESS 455 Golden Gate Avenue, Suite 11000						6. CITY San Francisco			7. STATE CA		8. ZIP CODE 94102-7004				
9. CASE NUMBER 2:24-cv-02527-JAM-CKD			10. JUDGE Judge John A. Mendez			DATES OF PROCEEDINGS									
						11. FROM August 5, 2025			12. TO August 5, 2025						
13. CASE NAME Kohls, et al. v. Bonta, et al.						LOCATION OF PROCEEDINGS									
						14. CITY Sacramento			15. STATE CA						
16. ORDER FOR															
<input type="checkbox"/> APPEAL No.				<input type="checkbox"/> CRIMINAL				<input type="checkbox"/> CRIMINAL JUSTICE ACT				<input type="checkbox"/> BANKRUPTCY			
<input type="checkbox"/> NON-APPEAL				<input checked="" type="checkbox"/> CIVIL				<input type="checkbox"/> IN FORMA PAUPERIS				<input type="checkbox"/> OTHER (Specify)			
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.															
TRIAL		DATE(S)		REPORTER		HEARINGS		DATE(S)		REPORTER					
<input type="checkbox"/> ENTIRE TRIAL						<input checked="" type="checkbox"/> OTHER (Specify Below)									
<input type="checkbox"/> JURY SELECTION						Cross-Motions for Summary Judgment		August 5, 2025		Kimberly Bennett					
<input type="checkbox"/> OPENING STATEMENTS															
<input type="checkbox"/> CLOSING ARGUMENTS															
<input type="checkbox"/> JURY INSTRUCTIONS															
18. ORDER (Grey Area for Court Reporter Use)															
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)		FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE			COSTS							
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14-Day	<input type="checkbox"/>		<input type="checkbox"/>	NO. OF COPIES											
7-Day	<input type="checkbox"/>		<input type="checkbox"/>	NO. OF COPIES											
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Next Day	<input type="checkbox"/>		<input type="checkbox"/>	NO. OF COPIES											
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REALTIME	<input type="checkbox"/>		<input type="checkbox"/>												
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).					ESTIMATE TOTAL										
19. SIGNATURE /s/ Kristin Liska					PROCESSED BY										
20. DATE August 6, 2025					PHONE NUMBER										
TRANSCRIPT TO BE PREPARED BY					COURT ADDRESS										
ORDER RECEIVED		DATE		BY											
DEPOSIT PAID						DEPOSIT PAID									
TRANSCRIPT ORDERED						TOTAL CHARGES									
TRANSCRIPT RECEIVED						LESS DEPOSIT									
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT						TOTAL REFUNDED									
PARTY RECEIVED TRANSCRIPT						TOTAL DUE									